

| POSITION                  | INITIALS  | ID NO.     | DATE            |
|---------------------------|-----------|------------|-----------------|
| FEE DETERMINATION         |           |            |                 |
| O.I.P.E. CLASSIFIER       |           |            |                 |
| FORMALITY REVIEW          | <i>ji</i> | <i>575</i> | <i>04/25/01</i> |
| RESPONSE FORMALITY REVIEW |           |            |                 |

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim             | Date |
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| Claim             | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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12-46-100